

PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/777,792
		Filing Date	February 11, 2004
		First Named Inventor	Schenk, Dale B.
		Art Unit	1649
		Examiner Name	Ballard, Kimberly A.
Total Number of Pages in This Submission	12	Attorney Docket Number	15270J-004766US

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (7 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings Sheets <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 19-4880.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Rosemarie L. Celli Reg. No. 42,397
Signature	<i>Rosemarie L. Celli</i>
Date	<i>June 2, 2006</i>

CERTIFICATE OF MAILING	
I hereby certify that this correspondence and the documents referred to as attached therein are being facsimile transmitted to the U.S. Patent and Trademark Office to fax number 571-273-8300 on June 2, 2006.	
Typed or printed name	Rosemarie L. Celli
Signature	<i>Rosemarie L. Celli</i> Date <i>June 2, 2006</i>

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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39771_1.DOC

PTO/SB/17 (12-04)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450)

Complete if Known

Application Number 10/777,792
Filing Date February 11, 2004
First Named Inventor Schenk, Dale B.
Examiner Name Ballard, Kimberly A.
Art Unit 1649
Attorney Docket No. 15270J-004766US

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METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 19-4880 Deposit Account Name: Sughrue Mion, PLLC

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility							
Design							
Plant							
Reissue							
Provisional							

COPY

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =	X	=				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP =	X	=				

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1252 1.17(a)(2) Extension of time for response within second month

Fees Paid (\$)

\$ 450

SUBMITTED BY

Signature	<i>Rosemarie L. Celli</i>	Registration No. (Attorney/Agent)	42,397	Telephone	650-625-8100
Name (Print/Type)	Rosemarie L. Celli	Date	June 2, 2006		

COPY

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Design							
Plant							
Reissue							
Provisional							

2. EXCESS CLAIM FEES

Fee Description Small Entity Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
 Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

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